

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028063

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

273

Primary Registration District No.

3051

Registrar's No.

112

STATE FILE NUMBER

FILED JUL 31 1962

1. PLACE OF DEATH

a. COUNTY

PERRY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

PERRYVILLE

Length of stay in 1b

2 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONPERRY
COUNTY MEMORIAL HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

STE. GENEVIEVE

c. CITY
OR TOWN

STE. GENEVIEVE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

STE. GENEVIEVE REST HOME

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

LEONE

Middle

Last

L'HONORE

4. DATE OF DEATH

Month

JULY

Day

19

Year

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-5-1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED GOVERNESS

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

BREST, FRANCE

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

JEAN MARIE L'HONORE

13b. MOTHER'S MAIDEN NAME

EULALIE MIROUX

14. NAME OF HUSBAND OR WIFE

- - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Address 501 LAROSE ST.
MR. CHARLES TLAPEK, STE. GENEVIEVE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia Bilateral

INTERVAL BETWEEN ONSET AND DEATH

3-4 days

DUE TO (b)

Rheumatoid arthritis chronic

years?

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 62 to July 19 and last saw her alive on July 19
Death occurred at 4:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph F. Lutterworth MD

22b. ADDRESS

Ste Genevieve, Mo July 19/62

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7-21-1962

23c. NAME OF CEMETERY

IMMACULATE CONCEPTION

23d. LOCATION (City, town, or county)

STE. MARYS,

23e. STATE

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

JEROME H. STANTON, STE. GENEVIEVE, MO.

25. DATE RECD. BY LOCAL REG.

7-20-62

26. REGISTRAR'S SIGNATURE

Joseph F. Lutterworth

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10795

8781

3 5

4 1

5 0

6

7 2

8 0

97220

10

11

12 1-0

13 1-0

AUG 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.